

Case Number:	CM14-0011744		
Date Assigned:	02/21/2014	Date of Injury:	05/24/2013
Decision Date:	06/25/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/29/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Psychiatry and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient reported a date of injury of 5/24/201. Date of UR decision was 1/14/2014. Mechanism of injury was listed as cumulative trauma at work. He has been assaulted multiple times at work by psychiatric patients, and has returned to work multiple times after injuries. Per report from 07/26/2013, the IW has subjective complaints of depression, difficulty sleeping, anxiety, nervousness, panic attacks, nightmares, loss of interest in activities of daily living. Diagnosis of depressive ds was given along with medical diagnosis of cephalgia, lumbar radiculopathy, probable disc herniation. He is prescribed bupropion, citalopram, alprazolam prn, estazolam. Report from 09/10/2013 revealed psychological testing results of : BAI score 25 (moderate anxiety), BDI score 11(Mild mood disturbance), HAM-D score 16 (mild), HAM-A score 21 (moderate anxiety). Diagnosis of Generalized anxiety ds with specific panic symptoms, Post Traumatic Stress Disorder related to assault in 2001 were given to IW. PR from 12/09/2013 by Psychologist indicated subjective complaints as defensive and guarded due to his depression, anxiety and agitation caused by stressful events. GAF of 50 with WPI of 30 was documented. MMPI-2 was done on 9/13/2013

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MEDICATION MANAGEMENT SESSIONS: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): MTUS ACOEM, Occupational Practice Guidelines, 2nd edition (2008 Revision), Follow-Up Visits, page 1068, 1062-1067..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Office Visits

Decision rationale: ODG states "Office visits: Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible." Therefore, the request for medication management sessions is medically necessary and appropriate.